

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3531AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 12/01/2010
NAME OF PROVIDER OR SUPPLIER GOOD SAM CARE HOME, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3226 KEMP STREET N LAS VEGAS, NV 89032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a State Licensure survey for an Alzheimer's endorsement conducted in your facility on 12/1/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is currently licensed for a total of six Residential Facility for Group beds for elderly and disabled persons: Category 2 beds. The facility is requesting licensure for six Residential Facility for Group beds for persons with Alzheimer's disease, Category 2 residents. The following deficiencies were identified:	Y 000			
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 12/1/10, the facility	Y 103			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 failed to ensure 1 of 5 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #5 - failed to have evidence of a pre-employment physical or two step TB test.). This was a repeat deficiency from the 5/27/10 State Licensure survey. Severity: 2 Scope: 1	Y 103			
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 12/1/10, the facility failed to ensure 1 of 5 employees met background check requirements of NRS 449.176 to 449.188 (Employee #5 - failed to have evidence of a signed criminal history statement, fingerprints or a state or FBI background check). Severity: 2 Scope: 1	Y 105			
Y 106 SS=F	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the	Y 106			

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Y 106	Continued From page 2 information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on interview and record review on 12/1/10, the facility failed to ensure the only caregiver on duty (Employee #5) had completed training in cardiopulmonary resuscitation (CPR), affecting all 2 residents. Severity: 2 Scope: 3	Y 106			
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 12/1/10, the facility failed to ensure that 1 of 2 residents	Y 878			

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Y 878	Continued From page 3 received medications as prescribed (Resident #2 - Floranex). Severity: 2 Scope: 2	Y 878			
Y 883 SS=F	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Based on interview and record review on 12/1/10, the facility failed to ensure the physician was notified for missed medications for 2 of 2 residents (Resident #1 - Ketoconazole 2% cream and #2 -Polyeth Glyco Powder 527 grams and Docusate Sodium 100 milligrams). Severity: 2 Scope: 3	Y 883			
Y 994 SS=F	449.2756(1)(e) Alzheimer's facility - Dangerous items NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the	Y 994			

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Y1035	<p>Continued From page 5</p> <p>449.2768</p> <p>1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that:</p> <p>(a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes:</p> <p>(1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer's disease, and providing support for the members of the resident's family.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review on 12/1/10, the facility failed to ensure 3 of 6 caregivers (Employee #2, #3 and #4) received 2 hours of of training in providing care to residents with Alzheimer's disease within the first 40 hours of work.</p> <p>Severity: 2 Scope: 2</p>	Y1035			

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